

Sudut Lain**FOSTER PARENTS PLAN INTERNATIONAL
AND UNIVERSITIES
A NEED FOR COOPERATION****Coeli J. Geefhuysen* and Anibal Oprandi*******Hedera Project/COME FK-UGM******Foster Parents Plan International Yogyakarta**

Foster Parents Plan, now called Plan International and known simply as PLAN, is a service organization for community development with the express purpose to improve the chances of children in life in general. Although the focus of PLAN's program is children, nevertheless their families and communities are also included. Experience has shown PLAN that the best way to help a child is by helping his/her family and community. This must be accomplished by people themselves as far as possible. While PLAN is deeply involved in providing the means to accomplish this, in giving support for basic needs, PLAN primarily tries to help people help themselves. It might be helpful for the purpose of this article to indicate PLAN's worldwide organizational goals in health:

1. Child Survival

To provide programs of worldwide Child Survival that are consistent with UNICEF GOBI standards, and comprehensive primary health care services. Elements include growth monitoring, oral rehydration therapy, breastfeeding, immunizations, and nutritional status.

2. Potable Water

To provide Foster Families with year-round access, as defined in compliance with standard norms (WHO and MOH), to save water.

3. Sanitation

To provide Foster Families with a year-round system for disposal of human and solid waste.

In Daerah Istimewa Yogyakarta, PLAN is active in rural areas only. Part of PLAN's endeavour is in the fostering of healthy children and adults through primary promotive, preventive, and curative health care for the people. For this they need expert/technical advice, and often supervision of new initiatives, which is not available in PLAN's own staff.

It is for this reason that PLAN particularly wants to improve cooperation with the medical faculty; there is a need for information (data collection), for evaluation of on-going programmes, for new programme ideas or improvement of old ones. There is money for this, provided the proposals are adequate and fit in with PLAN

A proposal on personal hygiene with a view to the prevention of diarrhoea is in process. It is known that just providing clean water and sanitation is not enough; health depends to a large extent on personal habits. It is not at all clear what the personal hygiene practices of mothers and children really are, locally, and it is necessary to find out. Habits vary across different regions: what applies to West Java may not apply here. To change habits is very difficult, but PLAN has long experience in talking with the people through their specially trained community development workers. Interventions in one area can be compared with those of another area.

Something similar could be done for the feeding of solid food to infants. At the Nutricia conference, recently, it was again pointed out that poor gains in growth is a function of too little food and recurrent infections which reduce the appetite. In cultures where solid food is not pushed, children aged 6-18 months or 2 years are allowed to lose condition. It seems worthwhile to try an intervention programme in an area which has a good tradition of cooperation between the workers and the mothers, as is the case in some PLAN areas, and to evaluate a calorie improvement programme, since quantity is more important at this age than anything else. At the same time, an inventory of problems and experiences in achieving success could be made.

How much is really due to loss of appetite, for instance?

How much is due to the fact that mothers do not spend enough time feeding? Or because there is no food left in the house? Should there be some sort of 'child care' programme which looks after children temporarily while mothers are busy looking for money? How can this be done? One needs the cooperation of the community development worker to achieve success. One needs the technical experts to measure growth, to treat infection.

Does the 'medicine box' (*kotak obat*) work? Can it be expanded to be more effective? Is there enough money in the community to maintain such a box on a rotating fund? This is a running programme that needs evaluation because it does not work well, but why is not always clear. Is it because the drugs are not perceived as effective? Because the workers are not knowledgeable enough? If so - what training can be provided, and does that make a difference?

Adults too need attention: it is well known that tuberculosis control is not even attempted and that the Government does not have the means to run an adequate treatment programme. But PLAN would be interested to try to find the most cost effective control programme in an area of known high prevalence. Just treating grossly infected patients is not cost effective. Just giving BCG is not adequate because the vaccine is not strong enough. Active case finding can be quite expensive but there are ways to reduce the expense by doing occasional sweeps. Why doesn't someone make a proposal? Of course, the supervision would also need a professional, but the implementation could be done through community workers trained by PLAN.

What is known about the handicapped in PLAN areas is very little indeed. There is no real evaluation of the needs of the physically and mentally handicapped

development activities would provide a useful channel for simple aid, or training of the family in caring and making the handicapped more independent. Many schoolage children with good minds but poor bodies are not in school for no good reason except that it is not perceived that they might ever provide for themselves. This is very sad.

Why not do a simple survey - why not make a number of small intervention programmes to test what works for whom and in what circumstance? Who will make a proposal?

Attached is an updated map of PLAN activity areas.

Foster Parents Plan looks for pockets of poverty, for people who cannot buy health care on the open market. The medical faculty at UGM certainly has a large body of human resources: students, staff, postgraduate students, who could assist this process and gain personal experience, papers, and income.

Please think about ways to help PLAN's health programmes by performing research, monitoring and evaluation. Please submit plans for consideration.

